

TEMPLATE FOR FECA WORKING GROUP MINUTES

Installation name:

Meeting date:

Mandated participants:

Position

Name of attendee

Garrison Commander

ICPA

CPAC Chief

Safety Officer

Occupational Health representative

JAG Office representative

Management representatives

First-line supervisors who had
Workers Comp incident filed
Since last meeting:

Summary of ICPA statistics report:

Summary of First-Line Supervisors Report:

Type and Cause of Injury

Supervisor's Investigation

Lessons Learned

Summary of First-Line Supervisors Report:
Type and Cause of Injury
Supervisor's Investigation
Lessons Learned

Summary of Safety Officer's Report

Summary of Cases with RTW Potential:

For each case:

OWCP claim number
Current age of claimant
Age at time of injury/illness
Accepted conditions
Date of ICPA's last contact with claimant
Date of ICPA's last contact with treating physician
Claimant's skills & education
Amount of compensation claimant will receive if not brought back to work

"Brainstorming" suggestions from Group as to where installation can use the claimant's remaining abilities

Decision from Group on job offer/placement

OWCP claim number
Current age of claimant
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OWCP claim number

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